

REQUEST & AFFIDAVIT FOR COPY OF BUILDING PLANS

(Health & Safety Code Section 19851)

To Be Completed by the Requesting Party

I am requesting permission to duplicate the official copy	of plans maintained by the City of Belmont But
Official for the building located at	
My contact information is as follows:	(address)
Name:	
Company:	
Address (may not be a PO Box):	
Phone:	(street, city, state, zip)
Email:	
Specific documents being requested:	
Address: Permit #:	
Project Name/Description:	
Date of Plans:	
Sheet Numbers:	
Title & Date of Calculations/Report:	
Architectural/Engineering Firm Name:	
Architect/Engineer of Record Name:	
Architect/Engineer of Record License #:	
Architect / Engineer of Record Mailing Address:	
Check One:	
I am the current building owner.	
I am NOT the current building owner.	

AFFIDAVIT

In accordance with California Health and Safety Code Section 19851, I acknowledge and state:

- (1) That the copy of the plans will only be used for the maintenance, operation, and use of the building.
- (2) I acknowledge that drawings are instruments of professional service and are incomplete without the interpretation of the certified, licensed, or registered professional of record.
- (3) That subdivision Business and Professions Code (a) Section 5536.25 states that a licensed architect who signs plans, specifications, reports, or documents is not responsible for damage caused by subsequent changes to, or use of, those plans, specifications, reports, or documents where the subsequent changes or uses, including changes or uses made by state or local governmental agencies, are not authorized or approved by the licensed architect who originally signed the plans, specifications, reports, or documents, provided that the architectural service rendered by the architect who signed the plans, specifications, reports, or documents was not also a proximate cause of the damage.

I declare under penalty of perjury under the laws of the State of California that the information provided and statements attested to on this Request are true and correct.

Executed on		at	,
	(date)	(city)	(state)
		(signature	of requesting party)

AUTHORIZATION TO DUPLICATE BUILDING PLANS

For the building	ng located at		
		(address)	
	I hereby GRANT permission to dupl capacity, or by my predecessor, for the	icate plans signed by me in my professional he above building.	
	I hereby REFUSE permission to duplicate plans signed by me in my professional capacity, or by my predecessor, for the above building.		
	Reason for refusal:		
	(signature)	(date)	
	(print name of professional)	(license #)	
	(print name of professional)	(Heelise π)	

LEASE TAKE NOTICE:

Under Health & Safety Code Section 19851, subdivision (f), a certified, licensed, or registered professional's refusal to permit the duplication of the plans is unreasonable if, upon request from the building department, the professional does either of the following:

- (1) Fails to respond to the local building department within 30 days of receipt by the professional of the request. However, if the building department determines that professional is unavailable to respond within 30 days of receipt of the request due to serious illness, travel, or other extenuating circumstances, the time period shall be extended by the building department to allow the professional adequate time to respond, as determined to be appropriate to the individual circumstance, but not to exceed 60 days.
- (2) Refuses to give his or her permission for the duplication of the plans after receiving the signed affidavit and registered or certified letter specified in Health & Safety Code Section 19851, subdivisions (c) and (d).